

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street) ▼

1445 New York Avenue NW

Ste 800

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359539

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Debnar

Signature of Treasurer

Steven Debnar

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">204940.53</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">295120.48</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">29134.72</span>	<span style="border: 1px solid black; padding: 2px;">405928.12</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">324255.20</span>	<span style="border: 1px solid black; padding: 2px;">610868.65</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">54545.84</span>	<span style="border: 1px solid black; padding: 2px;">341159.29</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">269709.36</span>	<span style="border: 1px solid black; padding: 2px;">269709.36</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	3

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26173.00	365558.00
(ii) Unitemized .....	2961.72	32870.12
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	29134.72	398428.12
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	29134.72	398428.12
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29134.72	405928.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29134.72	405928.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	3045.84	8159.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3045.84	8159.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	333000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54545.84	341159.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54545.84	341159.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29134.72	398428.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29134.72	398428.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	3045.84	8159.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	3045.84	8159.29

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

A. Roland S. Beverly III

Mailing Address 2929 Calle Gaucho

City

San Clemente

State

CA

Zip Code

92673-3076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2013

Transaction ID : A8B0959D625884D4D8B0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rita Weinstein

Mailing Address 51 Yorktown Rd

City

East Brunswick

State

NJ

Zip Code

08816-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2013

Transaction ID : AA6DFE9FEB0354ABFACA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark R. Pomaranski

Mailing Address 7827 Underwood Rdg

City

Traverse City

State

MI

Zip Code

49686-1696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Michigan Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2013

Transaction ID : A06E1AE70A4444781AB6

Amount of Each Receipt this Period

500.00

March 2013 Mailing

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. John A. Carucci**

Mailing Address 422 E. 72nd St Apt 26a

City

New York

State

NY

Zip Code

10021-4639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NYU

Occupation

Dermatologist/ Mohs Surgeon

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2013

Transaction ID : AE1A7F41DB57D4DDD894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. William A. Welton III**

Mailing Address 3252 W Castle Pines Loop

City

Lecanto

State

FL

Zip Code

34461-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suncoast Derm/Skin Surgery Center

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2013

Transaction ID : A7944B956F1D74248861

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Liana Herrera Proffer**

Mailing Address 1611 Wallace Blvd

City

Amarillo

State

TX

Zip Code

79106-1799

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Proffer Surgical Associates

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 04 / 2013

Transaction ID : ABF88580A8DE0430C85C

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Ronald Ralph Brancaccio**

Mailing Address 67 Perry St

City

New York

State

NY

Zip Code

10014-3245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Skin Institute of New York

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 04 / 2013

**Transaction ID : A3CBB12D7954B44438A2**

Amount of Each Receipt this Period

1000.00

March 2013 Mailing

Full Name (Last, First, Middle Initial)

**B. Allan S. Wirtzer**

Mailing Address 4836 Van Nuys Blvd

City

Sherman Oaks

State

CA

Zip Code

91403-2101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MidValley Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A76AEA86468EC4EE6968**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Stephen Robert Damm**

Mailing Address 9811 Mallard Dr Suite 220

City

Laurel

State

MD

Zip Code

20708-3199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : ACAC64D0D3B214DD6ACE**

Amount of Each Receipt this Period

500.00

March 2013 Follow Up

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Dirk W. R. Suringa**

Mailing Address 508 S. Habana Ave Suite 150

City State Zip Code  
Tampa FL 33609-4190

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2013

Transaction ID : AC074FA8FAAC34E3A998

Amount of Each Receipt this Period

365.00

March 2013 Follow Up

Full Name (Last, First, Middle Initial)

**B. Ronald B. Prussick**

Mailing Address 11102 S Glen Rd

City State Zip Code  
Potomac MD 20854-1845

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2013

Transaction ID : A665FEF13F3E54450A82

Amount of Each Receipt this Period

250.00

March 2013 Mailing

Full Name (Last, First, Middle Initial)

**C. Mark S. Nestor**

Mailing Address 2925 Aventura Blvd Suite 205

City State Zip Code  
Miami FL 33180-3108

FEC ID number of contributing federal political committee.

C

Name of Employer

SCA Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2013

Transaction ID : A28AD574DB01449CBA9F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. James E. Appel**

Mailing Address 6008 Wellesley Dr

City

Wilmington

State

NC

Zip Code

28409-2361

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JEA Dermatology PLLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A0AF8A4617E214065AC7**

Amount of Each Receipt this Period

250.00

March 2013 Follow Up

Full Name (Last, First, Middle Initial)

**B. Joseph M. Walters**

Mailing Address 10685 Larson Ln

City

Rolla

State

MO

Zip Code

65401-8108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Dermatology Center, LLC

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AC7591E4211BB4F79B2F**

Amount of Each Receipt this Period

800.00

March 2013 Follow Up

Full Name (Last, First, Middle Initial)

**c. F. Hall Reynolds II**

Mailing Address 6141 Shallowford Road

City

Chattanooga

State

TN

Zip Code

37421-1616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : AA94E46987C384940AB7**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Diane Cecile Maiwald**

Mailing Address 284 Oakwood Rd

City

Huntington Station

State

NY

Zip Code

11746-7211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A96EFA3E6D94943ED884**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Timothy G. Berger**

Mailing Address 27 Viaduct Capistrano Tiburon 9

City

Belvedere Tiburon

State

CA

Zip Code

94920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of California

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : A79557BB66EFB4302818**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Joseph Jacob Shaffer**

Mailing Address 852 Osceola Ave

City

Saint Paul

State

MN

Zip Code

55105-3328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A6A67FF5A43ED40D68C7**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Z. Christine Marcuson**

Mailing Address 131 Hunter Ln

City

Williamsburg

State

VA

Zip Code

23185-5060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oyster Pt. Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A112B9E13A92D4456873**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Kristina Kelly Shaffer**

Mailing Address 1215 Town Centre Dr Suite 200

City

Saint Paul

State

MN

Zip Code

55123-1196

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Consultants

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A60CA86D60A374D99949**

Amount of Each Receipt this Period

182.50

Full Name (Last, First, Middle Initial)

**C. Susan H. Weinkle**

Mailing Address 2423 Landings Cir

City

Bradenton

State

FL

Zip Code

34209-9675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A4FF98CE96E054C26979**

Amount of Each Receipt this Period

500.00

March 2013 Mailing

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1047.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Shannon Martin**

Mailing Address 861 Tulip Poplar Dr

City	State	Zip Code
Hoover	AL	35244-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health Systems

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2013

**Transaction ID : A4AD939B51755410CB14**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. William K. Andersen**

Mailing Address 24 Sunset Cir

City	State	Zip Code
Lititz	PA	17543-8379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lancaster Skin Center, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2013

**Transaction ID : A69A244127D7D499DBC5**

Amount of Each Receipt this Period

500.00

ASMS 2013

Full Name (Last, First, Middle Initial)

**c. Hazle Smith Konerding**

Mailing Address 205 Cyril Ln

City	State	Zip Code
Henrico	VA	23229-7740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Commonwealth Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	07	/	2013

**Transaction ID : AD78DF7A974E446FC856**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1100.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Michael J. Ford**

Mailing Address 2021 Cantigny Way

City

Tallahassee

State

FL

Zip Code

32308-4794

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southeastern Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A5DC798057B7F4AADAD2**

Amount of Each Receipt this Period

500.00

ASMS 2013

Full Name (Last, First, Middle Initial)

**B. Christine Poblete-Lopez**

Mailing Address 37827 Briar Lakes Dr

City

Avon

State

OH

Zip Code

44011-2190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A5CC8D0D7F87A4E5EB50**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Clarence William Brown Jr.**

Mailing Address 156 W Superior St

City

Chicago

State

IL

Zip Code

60654-8764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A3D0468DDEED742A6A24**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Kendall A. Morrison**

Mailing Address 29 Taylor Ave, Suite 101

City State Zip Code  
 Crossville TN 38555-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cumberland Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

Transaction ID : AE4E44BE58D26474FB97

Amount of Each Receipt this Period

500.00

ASMS 2013

Full Name (Last, First, Middle Initial)

**B. Michael S. Spicer**

Mailing Address 4165 S Tropical Trl

City State Zip Code  
 Merritt Island FL 32952-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brevard Skin & Cancer Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

Transaction ID : A327BD62721534730B00

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Philip Dale Meador Jr.**

Mailing Address 103 W Mason St

City State Zip Code  
 Franklinton NC 27525-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

Transaction ID : AC33D4B2CEBB74344A06

Amount of Each Receipt this Period

250.00

March 2013 Mailing

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Brett M. Coldiron**

Mailing Address 1105 River Hill Dr

City

Covington

State

KY

Zip Code

41011-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : A28BB1B7591974B1ABC6**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Corrie V. Alford**

Mailing Address 357 Hepburn Dr

City

Atlanta

State

GA

Zip Code

30349-1031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : AB3CAD822AC1542BFB14**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**c. Daniel M. Siegel**

Mailing Address 33 Hitherbrook Rd

City

Saint James

State

NY

Zip Code

11780-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LI Skin Cancer

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 07 / 2013

**Transaction ID : AE386BD391CDD47F398A**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1125.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Glenn Brown**

Mailing Address 11182 Chester Lake Rd W

City

Jacksonville

State

FL

Zip Code

32256-3573

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Florida Dermatology Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : A58F31874936B4B068FC**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mary F. Barber**

Mailing Address 3210 SW 33rd Rd Suite 101

City

Ocala

State

FL

Zip Code

34474-7409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skin Cancer Center of Central Florida,

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : A70BAC5E218A44496827**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Matthew R Donaldson**

Mailing Address 706 Tranquil Trl

City

Grand Junction

State

CO

Zip Code

81507-9532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinic Mountain West

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

**Transaction ID : AE4467D045C604B16BF8**

Amount of Each Receipt this Period

250.00

March 2013 Mailing

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Cornelia M. Pessoa**

Mailing Address 4350 Bridgeview Dr

City

Oakland

State

CA

Zip Code

94602-1911

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associate of Berkeley

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

**Transaction ID : A3FFEDBDDCBF74F0F877**

Amount of Each Receipt this Period

365.00

March 2013 Mailing

Full Name (Last, First, Middle Initial)

**B. Benjamin D. Bernstein**

Mailing Address 5136 Elder Rd

City

Hydes

State

MD

Zip Code

21082-9550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bernstein &amp; Robinson Dermatology, p.a.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

**Transaction ID : AF4F4C694606E401FBDB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Don Friday King**

Mailing Address 7937 Painter Ave

City

Whittier

State

CA

Zip Code

90602-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Dermatology, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

**Transaction ID : AFF75F2ECA7F4E43807**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

865.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 31  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Beata L. Rydzik**

Mailing Address 2812 NW Imperial Ter

City State Zip Code  
 Portland OR 97210-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CDLS

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2013

**Transaction ID : AF869EDA30A4046DB862**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Jeanine B. Downie**

Mailing Address 51 Park St

City State Zip Code  
 Montclair NJ 07042-3439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Image Dermatology P.C.

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 20 / 2013

**Transaction ID : A2452809312C44352B93**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. William D. James**

Mailing Address 766 Applegate Ln

City State Zip Code  
 Bryn Mawr PA 19010-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Univ of Pennsylvania Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2013

**Transaction ID : A237461F3F71F465FAEC**

Amount of Each Receipt this Period

1000.00

March 2013 Mailing

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 31  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Scott D. Warren**

Mailing Address 6890 Belfort Oaks Pl

City

Jacksonville

State

FL

Zip Code

32216-6241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	3

**Transaction ID : A1CAB0D95014F4294B30**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Diane M. Bernardi**

Mailing Address 12277 County Road E35

City

Bryan

State

OH

Zip Code

43506-8309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Health Montpelier Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : A47F5C6DD101944619C5**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Sandra E. Vause**

Mailing Address 25 Salisbury Way

City

Swedesboro

State

NJ

Zip Code

08085-1575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Cosmetic Surgery Associate

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	3

**Transaction ID : A00EB575886404B9FB81**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

5700.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert M. Portman**

Mailing Address 1501 M St NW Fl 7

City

Washington

State

DC

Zip Code

20005-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Powers Pyles Sutter & Verville PC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A2D6B43371A934479B2C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Barry C. Ginsburg**

Mailing Address 972 Montclair Rd Suite 100

City

Birmingham

State

AL

Zip Code

35213-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A08A7091455FA40F3A6A**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Tricia R. Andrews**

Mailing Address 7744 Deerwood Pt Ct

City

Jacksonville

State

FL

Zip Code

32256-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A4246E2967B234B77A36**

Amount of Each Receipt this Period

100.00

March 2013 Mailing

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 31

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Jennifer A. Steele**

Mailing Address 824 Bridgetown Pass

City

Mount Pleasant

State

SC

Zip Code

29464-8329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mount Pleasant Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : ACBDB1967C84E4046992**

Amount of Each Receipt this Period

182.50

Full Name (Last, First, Middle Initial)

**B. James A. Zalla**

Mailing Address 7736 Camp Ernst Rd

City

Burlington

State

KY

Zip Code

41005-9410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dermatology Associats of Northern KY

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : A713359C727F54C3ABFF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Juan-Carlos Martinez**

Mailing Address 4500 San Pablo Rd S  
Dept OF

City

Jacksonville

State

FL

Zip Code

32224-1865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 27 / 2013

**Transaction ID : AFE70B55AF5004859BB0**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1047.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Susan L. Malane**

Mailing Address 5005 W San Miguel St

City State Zip Code  
Tampa FL 33629-5428

FEC ID number of contributing federal political committee.

C

Name of Employer  
Academic Alliance in Dermatology

Occupation  
Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 27 / 2013

Transaction ID : A6DCE7D96E37B4E6E826

Amount of Each Receipt this Period

73.00

Full Name (Last, First, Middle Initial)

**B. Craig N. Burkhart**

Mailing Address 104 Teagan Ct

City State Zip Code  
Chapel Hill NC 27516-4372

FEC ID number of contributing federal political committee.

C

Name of Employer  
The Univ of NC at Chapel Hill

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2013

Transaction ID : A78C8AAA0FBF24E51A36

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Laura T. Cepeda**

Mailing Address 202 Rock Creek Pkwy

City State Zip Code  
Fairhope AL 36532-3349

FEC ID number of contributing federal political committee.

C

Name of Employer  
Haley Dermatology

Occupation  
Dermatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2013

Transaction ID : A9DDF735FC3E24E90BA5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

823.00

TOTAL This Period (last page this line number only)..... ►

26173.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Dermatology Association Political Action Committee (SkinPAC)

### A. Merchant Services

Date of Disbursement

Mailing Address PO Box 6603

City	State	Zip Code
Hagerstown	MD	21741-6603

Transaction ID : B74E7A6BC546C4EB3937

Purpose of Disbursement	Aristotle Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

## B. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : BF8BDB00DC23B4001A6F

### Purpose of Disbursement Amex Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

### C. Merchant Services

Date of Disbursement

Mailing Address PO Box 6603

City	State	Zip Code
Hagerstown	MD	21741-6603

Transaction ID : B959D9198005A450C9CD

Purpose of Disbursement	VS/MC Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

3045.84

**TOTAL** This Period (last page this line number only).....

3045.84



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Engel for Congress**

Mailing Address 462 California Road

City	State	Zip Code
Bronxville	NY	10708

Purpose of Disbursement

Candidate Name

**Rep. Eliot L. Engel**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 16

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

**Transaction ID : B074F304CE0E6400DAD4**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE HONDA FOR CONGRESS**Mailing Address C/O CONTRIBUTION SOLUTIONS, LLC  
123 E. SAN CARLOS ST., #531

City	State	Zip Code
SAN JOSE	CA	95112

Purpose of Disbursement

Candidate Name

**Rep. Mike Honda**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 17

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

**Transaction ID : BE071EDA0328C42CAB22**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**Mailing Address 607 14th Street, NW  
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 12

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2013

**Transaction ID : B333399494700420580F**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other 2013

Transaction ID : B80648C63915B40839BD

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL BURGESS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

Category/  
Type**Rep. Michael C. Burgess**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID : BE1D67C40E13A4B91A34

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TIM SCOTT FOR SENATE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement

Candidate Name

Category/  
Type**Timothy E Scott**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District:

Transaction ID : B8CEF1D740CFC41A8ABE

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends for Harry Reid**

Mailing Address PO Box 19163

City	State	Zip Code
Las Vegas	NV	89132

Purpose of Disbursement

Candidate Name

**Sen. Harry Reid**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

**Transaction ID : B2EDAB410558C4D6DB30**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City	State	Zip Code
SARASOTA	FL	34230

Purpose of Disbursement

Candidate Name

**Rep. Vern Buchanan**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2013

**Transaction ID : BBE2B595DF0384D55A96**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. LYNN JENKINS FOR CONGRESS**

Mailing Address PO BOX 1441

City	State	Zip Code
TOPEKA	KS	66601

Purpose of Disbursement

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2013

**Transaction ID : B331B697B39D34EF6A6A**

Amount of Each Disbursement this Period

1500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Texans for Senator John Cornyn Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Mailing Address PO Box 13026  
Suite 180

City Austin State TX Zip Code 78711-3026

Purpose of Disbursement

Candidate Name

**Sen. John Cornyn III**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District:

Category/  
Type**Transaction ID : BBAC4573288FC48549E0**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Mailing Address P. O. BOX 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

**Rep. Peter J. Roskam**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Category/  
Type**Transaction ID : B63E8D37C61004FCCBBD**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Whitfield for Congress Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241-0391

Purpose of Disbursement

Candidate Name

**Rep. Edward Whitfield**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Category/  
Type**Transaction ID : B15DA2D889DA14C12BBC**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Dermatology Association Political Action Committee (SkinPAC)**

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement

Candidate Name

**Rep. Tim Murphy**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 18

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

**Transaction ID : BC736286DF20E40F88EB**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**Mailing Address PO Box 661  
PO Box 5458

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement

Candidate Name

**Rep. John M. Shimkus**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 15

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2013

**Transaction ID : B57DF4B2E5CB047C7905**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Pac To the Future**Mailing Address 607 14th Street, NW  
Suite 800

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2013
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		11		2013

**Transaction ID : B06091867264B4823AF2**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)**Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2013

Transaction ID : B97D8D89E306844ED8A5

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. LEADERSHIP OF TODAY AND TOMORROW**Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	11	/	2013

Transaction ID : BED4E4CEF1B3F4927A51

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Transaction ID : BE679EF1BDFFE409BA7B

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 31

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Full Name (Last, First, Middle Initial)

**A. Republican Mainstreet Partnership Pac**Mailing Address C/O G & W 2201 Wisconsin Ave. NW  
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	11	/	2013

Transaction ID : B454CA4D38AA242F8827

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership Pac**Mailing Address 7315 Wisconsin Avenue  
Suite 310 East

City Bethesda State MD Zip Code 20814

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

Other 2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : B835ADC9C77F24237930

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00
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51500.00
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